

BK

UNITED STATES BANKRUPTCY COURT

PROOF OF CLAIM

DISTRICT OF IDAHO

(Boise)

Name of Debtor: James Perritte

Case Number: 0101998-TLM Chapter: 13

SSN: 549310388

Trustee Name: Bernie Rakozy

U.S. COURTS

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NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" of payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (The person or other entity to whom the debtor owes money or property):

Sherman Acquisition LP dba RESURGENT ACQUISITION.

[ ] Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

REC'D FILED CAMERON S. BURKE, CLERK, IDAHO

Name and address where notices should be sent:

Resurgent Capital Services P. O. Box 10587 Greenville, SC 29603-0587

[X] Check box if you have never received any notices from the bankruptcy court in this case.

[ ] Check box if the address differs from the address on the envelope sent to you by the court.

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor: CG8898264681225

Check here [ ] replaces if this claim: [ ] amends a previously filed claim, dated

1. BASIS FOR CLAIM:

- [ ] Good sold
[ ] Services performed
[ ] Money loaned
[ ] Personal injury/wrongful death
[ ] Taxes
[X] Other PRIVATE LABEL STORE

- [ ] Retiree benefits as defined in 11 U.S.C § 1114 (a)
[ ] Wages, salaries, and compensations (Fill out below)
Your social security number
Unpaid compensations for services performed from (date) to (date)

2. DATE DEBT WAS INCURRED: 7/18/2001

3. IF COURT JUDGEMENT, DATE OBTAINED:

4. Total Amount of Claim at Time Case Filed: \$ 1955.64

If all or part of your claim is secured or entitled to priority, also complete item 5 or 6 below.

[ ] Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. SECURED CLAIM

[ ] Check this box if your claim is secured by collateral (including a right of setoff).

Brief description of Collateral:

- [ ] Real Estate
[ ] Motor Vehicle
[ ] Other

Value of Collateral: \$

Amount of arrearage and other charges at time case filed Included in secured claim, if any \$

6. UNSECURED PRIORITY CLAIM

[ ] Check this box if you have an unsecured priority claim

Amount entitled to priority \$ Specify the priority of the claim:

- [ ] Wages, salaries, or commissions (up to \$4000) earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507 (a) (3).
[ ] Contributions to an employee benefit plan - 11 U.S.C. § 507 (a) (4).
[ ] Up to \$ 1,800\* of deposits toward purchase, lease or rental of property or services for personal, family, or household use - 11 U.S.C. § 507 (a) (6).
[ ] Alimony, maintenance, or support owed to a spouse, former spouse, or child 11 U.S.C. § 507 (a)(7).
[ ] Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a) (8).
[ ] Other - Specify applicable paragraph of 11 U.S.C. § 507 9 (a) ( ).

\*Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach summary.

9. Date-Stamped Copy: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

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Date: 7/31/2001

Sign and print name and title of the creditor or other person authorized to file this claim

Joyce Montjoy, Recovery Manager of Resurgent Capital Services

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**UNSECURED PROOF OF CLAIM  
ACCOUNT DETAIL**

BANKRUPTCY CASE NO. 0101998-TLM  
ACCOUNT NO. CG8898264681225

**BORROWER INFORMATION**

BORROWER NAME: James Perritte  
SSN: 549310388  
STREET ADDRESS: 9273 W Calico St  
CITY, STATE ZIP: Boise, ID 837098215

**CREDITOR INFORMATION**

Sherman Acquisition LP dba RESURGENT ACQUISITION  
C/O RESURGENT CAPITAL SERVICES INC.  
P.O. BOX 10587  
GREENVILLE, SC 29603

PREVIOUS CREDITOR: General Electric Capital Corp  
ALTERNATE CREDITOR NAMES: JCPenney Consumer

**ACCOUNT INFORMATION**

PRODUCT: PRIVATE LABEL STORE  
INTEREST RATE: 0.00  
CHARGE-OFF DATE: 7/18/2001  
  
TOTAL AMOUNT DUE: \$1955.64